



**LAW ENFORCEMENT REQUEST FOR  
RELEASE OF PROTECTED HEALTH INFORMATION (PHI)**

**\*\*\* For PHI concerning behavioral health patients, substance use disorder records, or victims of abuse; or for other questions, please reach out to Compliance or Legal before release\*\*\***

I, \_\_\_\_\_, hereby represent that I am conducting a law enforcement  
(Law Enforcement Official and badge number)  
investigation authorized by law and am seeking PHI regarding \_\_\_\_\_  
(Patient name and DOB or MRN)

Please check the box that applies to this specific request:

**Section 1: To identify or locate a suspect, fugitive, material witness, or missing person 45 CFR §164.512 (f)(2)**

**Only the following information can be disclosed:**

- |                                  |  |
|----------------------------------|--|
| (1) Name and address             | (5) Type of injury                             |
| (2) Date and place of birth      | (6) Date and time of treatment                 |
| (3) Social security number       | (7) Date and time of death, if applicable, and |
| (4) ABO blood type and Rh factor | (8) Description of physical characteristics    |

**Section 2: Administrative Request: 45 CFR § 164.512 (f)(1)(ii)(C)**

An administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law, provided that:

- The information sought is relevant and material to a legitimate law enforcement inquiry;
- The requested information is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
- De-identified information (information that directly identifies the individual) could not reasonably be used.

**Section 3: Victim of a Crime 45 CFR § 164.512 (f)(3)**

This information is needed to determine whether a violation of a law by a person other than the victim has occurred; and is not covered by another category on this form, and:

- The suspected or known victim has agreed to the disclosures; or
- The agreement of the individual cannot be obtained due to incapacity or other emergency, OSF has determined the disclosure is in the best interest of the individual and the law enforcement officer states that:
  - The information is needed to determining if a violation of law by someone other than the victim has occurred;
  - The information is not intended to be used against the victim; and
  - Immediate law enforcement activity would be materially and adversely affected by waiting until the individual can agree.

**Section 4: Patient in Custody 45 CFR § 164.512(k)(5)(i)**

The patient brought to OSF is in the lawful custody of a correctional facility or law enforcement agency and the requested information is needed for the healthcare of the patient, or for the health and safety of the officers or inmates of the correctional facility.

**Section 5: Legal Process 45 CFR § 164.512(f)(1)(ii)(A) and (B)**

A court order, judicial subpoena, warrant, summons, grand jury subpoena, or other legal process has been submitted by the requestor and is attached to this form.

OSF Witness Print Name: \_\_\_\_\_ OSF Witness Signature: \_\_\_\_\_

Law Enforcement Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Law Enforcement Contact Phone Number \_\_\_\_\_ OSF Facility Location \_\_\_\_\_

If the request for release of PHI does not fall into one of the sections above or is related to a Behavioral Health patient, please contact local Medical Records, Risk, Compliance, or Legal for assistance.